COMBINED DECLARATION AND POWER OF ATTORNEY (Continuation or CIP Application)

inventor (if plural names invention entitled	WOUND HEAL	ING .	is claimed		,	sought on
						
X 1s attached	hereto.				the specific	ation of whi
was filed or	n					
						as Application
Serial No.			and was amended		,	
on						
I hereby state that I	have serioused and		•			
I hereby state that I claims, as amended by an	nave reviewed and ly amendment refer	understand the co	ontents of the abov	e-identified s	pecification,	including th
I acknowledge the du	ty to disclose infor	mation which is	aterial to the exami	nation of this		
with Title 37, Code of Fe	deral Regulations,	ĝî.36 (a),	· · · · · · · · · · · · ·	iation of this	application	in accordant
I hereby claim foreig patent or inventor's certifi	n priority benefits	under Title 35, U	nited States Code,	§119 of any	foreign app	lication(s) fo
certificate having a filing of	date before that of	id have also identi	fied below any fore	ign application	on for patent	or inventor
Prior Foreign Application	(c).	the application of	which priority is o	:laimed:		
Thor I oreign Application	(3).					
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(Number) ;	(Country)		(Day/Month/Ye		Yes	No
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full name of sole or fire	st inventor Harry N. Antoniades
Inventor's signature	Date:
Residence	21 Magnolia Drive, Newton, Massachusetts 02158
Citizenship	U.S.A.
•	21 Magnolia Drive, Newton, Massachusetts 02158 LCCZ LU Samuel F Lynch
Full name of second inv	ventorSamuel E. Lynch
Inventor's signature	Date:
Residence	224 Tamaiga Way No. 7 Tamaiga Disin Manual 1
Citizenship	U.S.A.
Post Office Address	224 Jamaica Way, No. 7, Jamaica Plain, Massachusetts 02130